

## Membership Application

*Please note your information is kept confidential and is never shared.*

Today's Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Male/Female  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Would you like to receive the BCB monthly newsletter and calendar of events? Yes/No  
In which Format (select one): email / audible format (by phone)

Would you like to receive ACB's monthly newsletter, The Braille Forum?  
Format (select one): Email / Large Print / Braille / Audio version on CD

BCB encourages our members to get involved and share your skills with us. Please select any areas for which you may be interested in volunteering or serving:

- Committees:  Membership  Finance  Bylaws  Policies and Procedures
- Other opportunities:  Fundraising  Marketing  Office assistance  
 Events  Board member  Other \_\_\_\_\_

Please check if you are:  Blind  Vision Impaired  Normal Vision

Race/Ethnicity:  Caucasian  African American  Hispanic  Other \_\_\_\_\_

Number of people in household: \_\_\_\_\_

Combined Household Income:  \$0 - \$11,500  \$11,551 - \$16,000  \$16,001 - \$22,000  
 \$22,001 - 28,000  \$28,001 - \$37,000  \$37,001 - 48,500  \$48,501 or more

*Personal and private information collected in this application form is not shared with anyone. Statistics are used for grant writing and other statistical purposes.*

### Payment Options: (minimum \$10 a year per person)

Check (payable to Bluegrass Council of the Blind) \$ \_\_\_\_\_  Cash \$ \_\_\_\_\_

Credit Card Please bill my card in the amount of: \$ \_\_\_\_\_

One-time charge  Annually

Credit Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

## **MEMBERSHIP**

Members are crucial to the development and leadership of the organization. Our members provide guidance and direction for BCB staff and programs. For as little as \$10 per year, you can become a part of the community that is changing lives of the blind and visually impaired. Membership with BCB also includes membership with the American Council of the Blind (ACB). Together, you will be connected with thousands of individuals who provide support and share information about issues related to vision loss.

## **BENEFITS**

A variety of benefits are available for our members:

- Voting privileges at BCB and ACB meetings
- Eligibility to participate on various committees to advance the operation of BCB.
- Eligibility to apply for financial assistance to attend conferences

## **ABOUT US**

Bluegrass Council of the Blind (BCB) is an affiliate of American Council of the Blind (ACB) which has more than 70 state and special interest affiliates. BCB is the only nonprofit agency in Fayette County exclusively dedicated to the needs of blind and visually impaired adults.

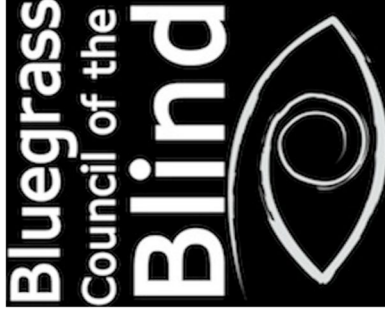
## **MISSION STATEMENT**

The Mission of Bluegrass Council of the Blind is to increase independence, security and quality of life for Kentuckians affected by vision loss through peer support, technology, training and additional resources.



2200 Wilson Blvd, Suite 650  
Arlington, VA 22201  
Phone: (800) 424-8666  
Fax: (703) 465-5085  
Website: [www.acb.org](http://www.acb.org)

## **MEMBERSHIP**



Serving People  
Affected by Vision Loss

Bluegrass Council of the Blind  
2265 Harrodsburg Road  
Suite 102  
Lexington, KY 40504

859-259-1834  
[info@bcbky.org](mailto:info@bcbky.org)  
[www.bcbky.org](http://www.bcbky.org)